

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SAMUEL MAHELONA MEMORIAL HOSPITAL **4800 KAWAIHAU ROAD**
KAPAA, HI 96746

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4 000	Initial Comments A relicensure survey was conducted by the Office of Health Care Assurance (OHCA) on February 19, 2019 through February 22, 2019. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. The census upon entrance was 49. During the State Agency investigation, a complaint was generated and investigated (#7270) and found unsubstantiated.	4 000		
4 160	11-94.1-41(b) Storage and handling of food (b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to label and properly cover a half tray of cookies, label a tray with two pies in the walk-in freezer, and label two plastic containers of unidentified frozen food items in a freezer out in the kitchen area. This deficient practice has the potential to put residents at risk for serious complications from foodborne illness as a result of their compromised health status. Findings Include: On 02/19/19 at 10:05 AM, initial kitchen tour with Institution Food Service Manager IV (IFSM) revealed in the walk-in freezer on the tray rack, half a tray of poorly covered unlabelled cookies, and another tray beneath with two pies also unlabelled. Out in the kitchen area, one of the freezers had two plastic containers of unidentified frozen food items which were unlabelled. IFSM confirmed the as stated food items should have been labeled and will immediately have kitchen	4 160	1. On 2/19/19, Surveyors found items not labeled and incorrectly covered in our Nutritional Services walk-in coolers. Items were immediately discarded in the garbage and re-education was conducted with on-duty nutritional services staff. 2. All food items will be labeled, covered and stored per food service safety professional standards as all residents are at risk if standards are not followed. 3a. Regional Nutritional Services Operational Manager provided re-education with nutritional services staff concerning proper labeling and storage of food in nutritional service coolers. 3b. The opening manager of the day or designee will spot check all food service walk-in coolers and log compliance of food labeling and storage on Food Storage	3/31/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/26/19

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4 160	Continued From page 1 staff throw them out. IFSM stated moving forward, he understands food items need to be labeled and newly opened food items should be labeled with "Open Dates."	4 160	Log. Food found unlabeled and/or incorrectly covered will be disposed of immediately and staff re-educated on proper food storage procedures. This process will be repeated by the closing manager of the day or designee. 4. Regional Nutritional Services Operational Manager will report findings from spot checks to HPIC at 3 consecutive meetings and/or until 100% compliance is met.	
4 184	11-94.1-46(a) Pharmaceutical services (a) Each facility shall employ a licensed pharmacist, or shall have a written contractual arrangement with a licensed pharmacist, to provide consultation on methods and procedures for ordering, storing, administering, disposing, and recordkeeping of drugs and biologicals, and provisions for emergency service. This Statute is not met as evidenced by: Based on observations, and interviews, the facility failed to establish a secure and safe storage area for medications awaiting final disposition (process of returning and/or destroying unused medications). As a result, medications including controlled medications (substances that have an accepted medical use that have a potential for abuse and may also lead to physical or psychological dependence) were stored in an equipment storeroom that was assessible to unauthorized staff. Findings Include: 2)On 02/21/19 at 09:51AM while inspecting the	4 184	1. Medication disposal box was relocated to the Resident Assessment Instrument (RAI) Coordinator's office on 2/21/19. This office is kept locked and access is limited by a key pad. Medication is stored in a locked closet in this office that is only accessible to the Charge Registered Nurse on duty to maintain a secure and safe storage area to prevent diversion and/or accidental access to staff. 2. Secure and safe storage area will be maintained at all times to hold all medications waiting for disposal.	2/28/19

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4 184	<p>Continued From page 2</p> <p>medication room, an interview was conducted with Registered Nurse (RN)2. Asked what the process was to dispose of expired and other unused medications, and RN2 stated, "We take it to another room, and store it until someone comes to pick it up." RN2 accompanied surveyor to Room 155 which was labeled "Staff only" and had an access keypad. Room (Rm)155 was filled with equipment and supplies. Asked RN2 what was kept in the room, and she replied, "oxygen equipment and other supplies." Observed IV poles, and oxygen concentrators in the middle of the room, and metal racks with storage shelves on both sides of the room filled with medical supplies and equipment. RN2 verified Rm 155 was a storage room designated for equipment and supplies. Asked RN2 who had access to Rm 155, and she said, "the CNA's have access." RN2 did not know who else had access.</p> <p>RN2 pointed to a large cardboard box (approximately 18 inches high by 18 inches wide) on the top of one of the shelves, and said ""the medications are in that box." The box had "Home Depot" in large print on it with "Outdate Rx March 2019" handwritten on one side. Because the box was heavy, RN2 obtained assistance from CNA1 to get the box off the shelf. Surveyor asked CNA1 if she had access to the room and she replied, "Yes."</p> <p>Inside the box was a large plastic garbage bag filled with multiple medications, labeled with several different resident's names. RN2 picked out a couple of medication packages and said, "this resident expired." Asked if all medications that needed to be disposed of including narcotics went into the box, and RN2 replied, "Yes." Observed a plastic container labeled Sani wipes (commonly used to disinfect surfaces) in the bag.</p>	4 184	<p>3a. Education provided to all the Charge Nurses on the medication disposal process including secure and safe storage.</p> <p>3b. Locked medication closet Key is kept with the on-duty Charge Nurse on the key ring.</p> <p>3c. Nursing Station 1 construction renovations include having a locked medication disposal cabinet in the locked medication room. Construction is currently underway.</p> <p>4a. LTC manager to monitor that medications waiting for disposal remain in a secure safe storage area with double locks.</p> <p>4b. LTC manager to report findings from monitoring and compliance to Nurse Executive Committee monthly.</p>	

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4 184	<p>Continued From page 3</p> <p>The outside of the plastic container was moist. Inside the Sani wipe container was a yellow liquid, approximately 1 cup in volume. Asked RN2 what the yellow liquid was, and she replied, "liquid morphine or narcotics." Asked how narcotic pills were stored for disposal, and RN2 replied, "we put them in the same container (with the liquid)." RN2 did not know details of when the box of medications was picked up.</p> <p>On 02/22/19 08:16AM during an interview with Quality Coordinator (QC), she stated, "When we started our renovation of the nursing station, we had to relocate the storage of the unused medications, so it was temporarily put in Rm 155. It has been corrected now. The medications were moved to the RAI (Resident Assessment Instrument Coordinator's) office that is secure with a double lock. We only store the empty boxes to be used next in Rm 155." The QC stated, "We use a contracted vendor who picks the box up every other month and disposes it properly."</p> <p>Disposal methods for medications must involve a secure and safe method to prevent diversion and/or accidental exposure.</p> <p>2)ON 02/21/19 at 10:40 AM, during facility task medication cart (#2) check with assistance from Registered Nurse (RN)1. During controlled drug (narcotics) count, bottle of Guaifen-Codeine 100-10mg/5ml for R40 was noted by surveyor to have 59ml remaining in the bottle. RN1 stated the controlled drug log book showed 69ml. Both RN1 and surveyor re-checked the Guaifen-Codeine bottle and the log book and confirmed the Guaifen-Codeine bottle only had 59ml, not 69ml as documented in the log book. RN1 stated she will inform the nursing supervisor and an incident</p>	4 184		

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4 184	Continued From page 4 report will be submitted. On 02/22/19 at 09:55 AM, interview with Long Term Care (LTC) Operations Manager (LTCOM) who stated R40's Guaifen-Codeine has been corrected to reflect 59ml and not 69ml in the controlled drug log book. LTCOM stated she felt a dose was given by nursing staff but was not documented at the time it was given. LTCOM said the missing 10ml was exactly one dose that would have been given to R40. LTCOM stated the nursing staff needs to be more vigilant when counting narcotics at the end of each shift.	4 184		